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Application #: 1780
Date Approved: 2/21/02

Commonwealth of Massachusetts - Board of Registration in Medicine 10 West Street, Third Floor, Boston, Massachusetts 02111 - www.massmedboard.org

1 444	RENEWAL APPLICATION - LIMITED LICENSE	
1. Name: (Last) BADGALYAN (First) RAJENDA (MI) D  2. Mailing Address:   12 - A   SYCAMORE Ct.   Number:   617 - 623 - 1140  2. Mailing Address:   12 - A   SYCAMORE Ct.   Number:   617 - 623 - 1140  3. Name of Training Hospital:   BROCKTON VA MEDICAL CENTER  4. Current Limited License Number:   79 80  5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L).   (F) (L)   (F) (L)	IMPORTANT: Please read the accompanying instructions before completing this form, and print legibly or type your answers.	د مارون مامار موسو موسو
1. Name: (Last) BADGALYAN (First) RAJENDRA (MI) D  2. Mailing Address: 122-A, Sycamore St., Itelephone Number: 617-623-1140  City: Conveyable State: MA Zip: 62144  3. Name of Training Hospital: BROCKTON VA MEDICAL CENTER  4. Current Limited License Number: 7980  5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L). [F] [L] [F] [F] [F] [F] [F] [F] [F] [F] [F] [F	SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT.	
State: M.P. Zip: QZIQ:  3. Name of Training Hospital: BROCKTON VA MEDICAL CENTER  4. Current Limited License Number: 7980  5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L).   (F) (L) (F) (L)   (F) (L)	SECTION A:	
State: M.P. Zip: QZIQ:  3. Name of Training Hospital: BROCKTON VA MEDICAL CENTER  4. Current Limited License Number: 7980  5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L).   (F) (L) (F) (L)   (F) (L)	1. Name: (Last) BADGAIYAN (First) KHJEIVDZA (MI) D Telephone	
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4. Current Limited License Number:	City: Somerville State: Mr Zip: 02145	
5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L)	3. Name of Training Hospital: BROCKTON VA MEDICAL CENTER	
5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L)	4. Current Limited License Number: 7980	
Has the physician been subject to past or pending disciplinary action in this program?  I hereby certify that the above-named physician is in good standing in the training program.  Print Name: GRACE J. MUSHRUSH, M.D.  Signature of Program Director: Accordance of Mushrush M.D.  Telephone: 508-583-4500 x2457  To be completed and signed by the designated official of the institution at which the applicant has received an appointment.  This certifies that ASCNDRA BADGAI YAN has been appointed to the position of: Intern [X] Resident Fellow as a PGY I Harvard So. Shore Psychiatry Residency Training Program at Hospital Name: BROCKTON VA MEDICAL CENTER Specialty: PSYCHIATRY  Beginning Date: J. 31 18 Anticipated Completion Date of Training: 10 18 2003  Is the program accredited by the ACGME: Yes No Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for Telephone: 508-583-4500	where you are now licensed to practice medicine. Indicate whether full license	4 / F
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Print Name: GRACE J. MUSHRUSH, M.D.  Signature of Program Director: Accompleted and signed by the designated official of the institution at which the applicant has received an appointment.  This certifies that Accomplete to the position of: Intern Resident Fellow as a PGY Harvard So. Shore Psychiatry Residency Training Program at Harvard So. Shore Psychiatry Residency Training Program at Hospital Name: BROCKTON VA MEDICAL CENTER Specialty: PSYCHIATRY  Beginning Date: J. J. J. R. Anticipated Completion Date of Training: O. J. R. J. 2003  Is the program accredited by the ACGME: Yes No  If no, is there an approved ACGME program in applicant's specialty? Yes No  Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  Education & Director, HSSPRTP Telephone: 508-583-4500	Has the physician been subject to past or pending disciplinary action in this program?	
To be completed and signed by the designated official of the institution at which the applicant has received an appointment.  This certifies that RAJENDRA BADGAI AND has been appointed (Name of Applicant)  to the position of: Intern X Resident Fellow as a PGY Harvard So. Shore Psychiatry Residency Training Program at Harvard So. Shore Psychiatry Residency Training Psychiatry Psychiatry Beginning Date: BROCKTON VA MEDICAL CENTER Specialty: PSYCHIATRY  Beginning Date: Anticipated Completion Date of Training: 10 18 2003  Is the program accredited by the ACGME: Yes No Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for Fducation & Director, HSSPRTP Telephone: 508-583-4500	I hereby certify that the above-named physician is in good standing in the training program.	
To be completed and signed by the designated official of the institution at which the process of the position of:  This certifies that    Resident   Fellow   As a PGY	Print Name: GRACE J. MUSHRUSH, M.D. Date: 2 1/4 102	a ===
To be completed and signed by the designated official of the institution at which the process of the position of:  This certifies that    Resident   Fellow   As a PGY	Signature of Program Director: Succession Signature of Program Director:	45/ ]
to the position of:     Intern   X  Resident   Fellow as a PGY   Fellow   Harvard So. Shore Psychiatry Residency Training Program at	To be completed and signed by the designated official of the distillation at which each approximation at which each approximation are the signated official of the distillation at which each approximation are the signated official of the distillation at which each approximation are the signated official of the distillation at which each approximation are the signated official of the distillation at which each approximation are the signated official of the distillation at which each approximation are the signated official of the distillation at the distillation at the signated official of the signated official off	
to the position of:     Intern   X  Resident   Fellow as a PGY   Fellow   Harvard So. Shore Psychiatry Residency Training Program at	This certifies that KAJENDRA BABGAIYAN has been appointed (Name of Applicant)	
Hospital Name: BRUCKION VA MEDICAL CENTER Specialty.  Beginning Date: 8   3   98   Anticipated Completion Date of Training:   0   18   2003  Is the program accredited by the ACGME: Yes No  If no, is there an approved ACGME program in applicant's specialty? Yes No  Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  Fducation & Director, HSSPRTP Telephone: 508-583-4500	to the position of: Intern X Resident Fellow as a PGY It Intern X Resident Residency Training Program at	
Beginning Date: Anticipated Completion Date of Training.  Yes No  Is the program accredited by the ACGME:  If no, is there an approved ACGME program in applicant's specialty?  Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  Grace J. Fducation & Director, HSSPRTP  Telephone: 508-583-4500	Hospital Name: BRUCKTON VA MEDICAL CENTER Specialty.	,
Is the program accredited by the ACGME:  If no, is there an approved ACGME program in applicant's specialty?  Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  Grace J. Mushrush, M.D., Asst. Chief of Psychiatry for  Telephone: 508-583-4500	Beginning Date: 8 / 8/ 198 Anticipated Completion Date of Haming.	
Fducation & Director, HSSPRIP Telephone: 300 000 1505	Is the program accredited by the ACGME:  If no, is there an approved ACGME program in applicant's specialty?  Yes No  No. Asst. Chief of Psychiatry for	
Designated Official's Signature: Sear & Mushus Mill Date: 2 174 5	Fducation & Director, HSSPRIP Telephone: 300 000 1000	
	Designated Official's Signature: Mean of Mucheuse 1111 Date: & 14 32	

EXHIBIT

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Is the program accredited by the ACGME:

If no, is there an approved ACGME program in applicant's specialty?

Designated Official's Signature: Much Muchusel Mo

Designated Official: Education & Director, HSSPRTP

(Print Name)

Yes

(Title)